CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

NTERESTS | LEED OF ACTIONS COMMISSION COVER PAGE

Date Received

2011 APR -4 PM 3: 37

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
CRATON	MARY	<u> </u>
1. Office, Agency, or Court		
Agency Name		
CITY OF CANYON LAICE Division, Board, Department, District, if applicable		· · · · · · · · · · · · · · · · · · ·
Division, Board, Department, District, if applicable	Your Position	
	COUNCIL MEMI	ier
▶ If filing for multiple positions, list below or on an attachment.		
Agency:	Position:	
	1,001,001	
2. Jurisdiction of Office (Check at least one box) State	Under (Statewide Invinciple)	
	☐ Judge (Statewide Jurisdiction)	
Multi-County		
City of CANYON LAKE	Other	
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through Decemb 2010.	ner 31, Leaving Office: Date Left (Check one)	_
The period covered is	or 31. O The period covered is Janual leaving office.	y 1, 2010, through the date of
Assuming Office: Date/	O The period covered is of leaving office,	/, through the date
Candidate: Election Year Office sought,	if different than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None."	➤ Total number of pages including this co	ver page: <u>'</u>
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Busin	ess Positions - schedule attached
 ☐ Schedule A-2 - Investments - schedule attached ☐ Schedule B - Real Property - schedule attached 	Schedule D - Income - Gifts - schedu	
	Schedule E - Income - Gifts - Travel	rayments - schedule attached
-or- None - No reportable	interests on any schedule	•
herein and in any attached schedules is true and complete. I acknowle	edge this is	
I certify under penalty of perjury under the laws of the State of Ca		
Date Signed 3/3 0///	Signatu	
. hwmi, ast, leat		

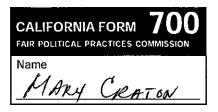
SCHEDULE D Income - Gifts

	· · · · · · · · · · · · · · · · · · ·
► NAME OF SOURCE	NAME OF SOURCE (CEWIS, BRISBOIS
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K ST SACRAMENTO CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	MEN, STE MAYOR'S BALL DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u>.</u>	
1 121 10 \$ 3421 LUNGH	1123110 , 860 - DINNER
4, 8,10 \$ 3 421 LUNGH	\$
617110 \$ 3421 LUNCY	
► NAME OF SOURCE	► NAME OF SOURCE
LCC - RIVIERSIDE DIVISION	ABONE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Source No. 1711 1, 11 71111 S. Cooking
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
21 81 10 \$ \$20 DINNER	9,15,10 \$ 25 - DINNER
411210 \$ \$ 20 DINNER	\$
6,14,10 \$ \$ 20 DINNER	\$
► NAME OF SOURCE	► NAME OF SOURCE
ABOVIS — CONTINUED ADDRESS (Business Address Acceptable)	MENIFEE BOST (PATTY DORATI) ADDRESS (Business Address Acceptable)
, , , , , , , , , , , , , , , , , , , ,	30141 ANTELOAT RD MENIFEE GA 9258
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
8,9,10 \$ \$20 DINNER	9,18,10 , 20 PICNIC
1011110 \$ \$ 20 DINNER	\$
	\$
Comments:	

SCHEDULE D Income - Gifts

► NAME OF SOURCE	► NAME OF SOURCE
CR+R	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1706 GOETZ RD PERRIS GA 92572	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	BOOMESS ACTIVITY, IF AIVY, OF SOUNCE
COCKTAILS	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
9,16,10 & 40 - COCKTAILS	
	\$
	\$
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
► NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
\$	
	\$
	\$
Commonto	
Comments:	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	► NAME OF SOURCE
LEACUE & F CA CITIES ADDRESS (Business Address Acceptable)	
	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
SACHAMENTO CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	ONT MAD SIME
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BOARD OF DIRECTORS MEETINGS	
DATE(S): 1 1 10 12 31 10 AMT: \$ 1208	DATE(S):
TYPE OF PAYMENT: (must check one) 🗌 Gift 📈 Income	TYPE OF PAYMENT: (must check one) 🗍 Gift 📗 Income
DESCRIPTION: TRAVEL MEALS + LODGING	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): AMT: \$	DATE(S):/
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	